U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended, Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1, File Number U - 7058

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2, Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Kenneth P Evans	Name Iron Workers AFL-CIO LU 401		
	Labor Organization File Number 022–309		
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any		
	1.0. Jox, Suiding dis Accountation, 1.01)		
Street 11600 Norcom Road	Street 11600 Norcom Road		
City Philadelphia	City Philadelphia		
State Pennsylvania ZIP Code + 4 19154	State Pennsylvania ZIP Code + 4 19154		
5. Position in labor organization. Executive Board			
EXECUTIVE BOATO			
Enter appropriate data below if, during the past fiscal year, you or your s	pouse or minor child directly or indirectly had any of the following interests		
(except as specified in the ex	clusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, o	or derived income or other economic benefit of		
nonetary value from an employer whose employees your organiza	ation represents or is actively seeking to represent.		
	7.a. Nature of Interest, Transaction, or Income.		
	ation represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any). Name	ation represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	ation represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	ation represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Si	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.		
Street City State ZIP Code + 4 Si 15. Signature and verification, The undersigned declares, under penalty	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.b. Amount. 7.b. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 9.c. Amo		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.b. Amount. 7.b. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 9.c. Amo		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.b. Amount. 7.b. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 9.c. Amo		

Name of Person Filing Kenneth Evans	File Number 0-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name		111		
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust			
Street Street	c. Employer			
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Iron Workers Local Union 401	Attendance at Apprentice Annual Awards Banquet 6/4/04.			
Trade Name, if any: Apprentice Training Fund		N, Page Contains		
P.O. Box, Bldg., Room No., if any				
Street 11600 Norcom Road				
City Philadelphia	Approximate dollar value of such dealing. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	\$103		
State Pennsylvania ZIP Code + 4 19154	12.a, Nature of interest field of income received.			
		Add in the Additional		
·		A straight following		
	12.b. Amount.	\$4000000000000000000000000000000000000		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Commence of a contract is settle				
Namo		T LEGGLEROMENTS (S.		
Name		1 Department reproduction of the control of the con		
Name Trade Name, if any:		7 200 American Incidential Company (1996)		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street				
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	14.b. Amount of payment.			